

## **CLUSTER: GENERAL SUPERVISION (PART C)**

**OBJECTIVE:** Effective general supervision of the implementation of the Individuals with Disabilities Education Act (IDEA) is ensured through the State Education Agency's (SEA) and Lead Agency's (LA) development and utilization of mechanisms and activities, in a coordinated system, that results in all eligible children with disabilities having an opportunity to receive a free appropriate public education (FAPE) in the least restrictive environment (LRE).

### **Notes:**

- Components and indicators marked with an “\*” are included in Cluster Lite.
- Related professional development is listed under the indicators. For descriptions of the professional development, please refer to the Comprehensive System of Professional Development section.
- General notes about the data analyzed in this report can be found in the Data Explanations section.

**COMPONENT CG.1\*: Are early intervention services (EIS) for children with disabilities ensured because the state's systems for monitoring and other mechanisms for ensuring compliance and parent and child protections are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources?**

**Overview Answer:** Statewide implementation of the redesigned First Steps system and practices should ensure the following:

- Improved coordination between families and providers
- Decision making between the Department of Elementary and Secondary Education (DESE), Central Finance Office (CFO) and System Points of Entry (SPOEs)
- Data collection and analysis based on the SPOE data system.

With the implementation of Phase 1, Missouri has data on infants and toddlers that can be used for monitoring the system, the availability of providers and costs for services.

**Strengths:** Missouri has taken a multi-year, comprehensive assessment including statewide system redesign, strong collaborative efforts between families, providers, Parents as Teachers (PAT), Head Start, school districts and other state agencies. Monitoring improvements have been made with the adoption of the SPOE data system. The State Interagency Coordinating Council (SICC) and Local Interagency Coordinating Councils (LICCs) were involved in the redesign and implementation of Phase 1.

**Areas of Concern:** The \$700,000 cut to the DESE supplemental request for additional general revenue funds in Spring 2002 for First Steps caused the training system and other administrative functions to be suspended from April through June of 2002. State budget cuts to the Department of Health and Senior Services (DHSS) and Department of Mental Health (DMH) have resulted in staff reductions that have affected the First Steps Service Coordination in Phase 1 and 2 areas. Although LICC participation was a strength in Phase 1, the cut in administrative funding for Phase 2 raises concerns that the local level of coordination between SPOEs and LICCs will be compromised.

**Other Comments:**

LIST THE QUESTIONS THE COMMITTEE STUDIED AND THE DATA SOURCES REVIEWED	SUMMARIZE THE CURRENT STATUS AND CONCLUSIONS FOR THIS QUESTION																																				
<p><b>CG.1.1*:</b> Do parents have an awareness of and access to their right to effective systems for parent and child protections?</p> <p><b>Data Sources:</b></p> <ul style="list-style-type: none"><li>• Solutions Report</li><li>• 1997 State Monitoring Findings</li><li>• Child Complaint logs</li><li>• Due Process logs</li></ul> <p><b>Related CSPD:</b></p> <ul style="list-style-type: none"><li>• First Steps Module – Orientation</li><li>• First Steps Bulletins</li></ul>	<p><b>Data Summary:</b></p> <p style="text-align: right;"><b>Solutions Report</b></p> <p>A review of the data indicated the following: 1,658 families were surveyed. 43.3 percent (or 713 families) ranked the following questions on a 0 to 4 scale, with 4 being “strongly agree”: “ My First Steps service coordinator explained my rights to me - 3.148. A second question concerning rights, “I know my rights and rights of my child” - 3.214.</p> <p>88 percent of families agreed to the survey statement, “I understand my rights under First Steps.” (n= 120)</p> <p style="text-align: center;"><b>Monitoring and Child Complaint Data</b></p> <p>There were no findings that indicated that families were not provided the First Steps Parents Rights brochure. There have been no complaints filed alleging that rights were not explained or provided.</p> <p><b>Committee Conclusions:</b></p> <p>Phase 1 of System Point of Entry (SPOE) will be monitored during the Fall of 2002 to ensure that the provision of procedural safeguards occurs.</p>																																				
<p><b>CG.1.2*:</b> Is the provision of Early Intervention Services (EIS) advanced by the timely resolution of complaints, mediations, due process hearings, and methods for ensuring compliance that correct identified deficiencies?</p> <p><b>Data Sources:</b></p> <ul style="list-style-type: none"><li>• Due Process logs</li><li>• Child Complaint logs</li></ul>	<p><b>Data Summary:</b></p> <p>Very few complaints, mediations and due process hearings have occurred in the Part C system. Of the few complaints and requests for hearings, all have been completed within timelines (thirty days for hearings, sixty days for complaints) and corrective actions have been implemented as needed.</p> <table><tr><td></td><td>1998</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td></tr><tr><td>Due process hearings</td><td>1</td><td>0</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Due Process Timelines</td><td>64 days*</td><td>---</td><td>---</td><td>Withdrawn</td><td>Withdrawn</td></tr><tr><td>Child complaints</td><td>2</td><td>3</td><td>1</td><td>1</td><td>2</td></tr><tr><td>Child complaint Timelines</td><td>54 days 42 days</td><td>47 days 52 days 46 days</td><td>58 days</td><td></td><td>51 days 59 days</td></tr><tr><td>Mediations</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table> <p>* Parent requested an extension</p> <p><b>Committee Conclusions:</b></p> <p>Complaint resolution and due process requests are resolved in a timely manner.</p>		1998	1999	2000	2001	2002	Due process hearings	1	0	0	1	1	Due Process Timelines	64 days*	---	---	Withdrawn	Withdrawn	Child complaints	2	3	1	1	2	Child complaint Timelines	54 days 42 days	47 days 52 days 46 days	58 days		51 days 59 days	Mediations	0	0	0	0	0
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<p><b>CG.1.3*:</b> Are systemic issues identified and remediated through the analysis of findings from complaint investigations, due process hearings, and information and data collected from all available sources?</p> <p><b>Data Sources:</b></p> <ul style="list-style-type: none"><li>• Due Process and Complaint Tracking Logs</li><li>• Findings</li><li>• State Monitoring Results</li><li>• State Self-Study</li><li>• Solutions Report</li><li>• Redesign Work plan</li></ul>	<p><b>Data Summary:</b></p> <p>Missouri developed and implemented state monitoring in 1996-99. Listed below are the systemic issues identified through the initial monitoring conducted in 1996 and subsequent evaluation activities. The identification of systemic issues led to the decision to “redesign” the First Steps system and to incorporate a data system that provides information for monitoring the system. Phase 1 SPOEs (covering eighteen counties in Missouri) began operation on April 1, 2002.</p> <table><tr><th colspan="3">Identification of Issues</th></tr><tr><th>Monitoring/Self-Study</th><th>Solutions Study</th><th>Conclusion/Remedy</th></tr><tr><td>1. Lack of adequate notices and consents for evaluations and early intervention services</td><td>Confirmed</td><td>Development of standard forms; training of service coordinators</td></tr><tr><td>2. Failure to meet the 45 day timeline for evaluation and IFSP development</td><td>Confirmed</td><td>Development of vendor-based private service coordination to enhance capacity</td></tr><tr><td>3. Lack of written notification of IFSP meetings</td><td>Not identified as a problem</td><td>Development of standard letter; training of service coordinators</td></tr><tr><td>4. Lack of an IFSP document with all required components</td><td>Confirmed</td><td>Development of standard forms; training of service coordinators</td></tr><tr><td>5. Lack of documentation of all early intervention services</td><td>Confirmed</td><td>Development of standard forms; training of service coordinators</td></tr><tr><td>6. Lack of documentation for required developmental assessments</td><td>Confirmed</td><td>Development of standard forms; training of service coordinators</td></tr><tr><td>7. Failure to notify the public of confidentiality procedures</td><td>Not examined</td><td>DESE to develop public announcement and publish statewide</td></tr><tr><td>8. Failure to appropriately apply eligibility criteria</td><td>Confirmed</td><td>Development of process document/form and development of training module to address this issue</td></tr></table>	Identification of Issues			Monitoring/Self-Study	Solutions Study	Conclusion/Remedy	1. Lack of adequate notices and consents for evaluations and early intervention services	Confirmed	Development of standard forms; training of service coordinators	2. Failure to meet the 45 day timeline for evaluation and IFSP development	Confirmed	Development of vendor-based private service coordination to enhance capacity	3. Lack of written notification of IFSP meetings	Not identified as a problem	Development of standard letter; training of service coordinators	4. Lack of an IFSP document with all required components	Confirmed	Development of standard forms; training of service coordinators	5. Lack of documentation of all early intervention services	Confirmed	Development of standard forms; training of service coordinators	6. Lack of documentation for required developmental assessments	Confirmed	Development of standard forms; training of service coordinators	7. Failure to notify the public of confidentiality procedures	Not examined	DESE to develop public announcement and publish statewide	8. Failure to appropriately apply eligibility criteria	Confirmed	Development of process document/form and development of training module to address this issue
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<p><b>CG.1.3*:</b> Concluded</p>	<p><b>Committee Conclusions:</b> Phase 1 SPOEs will be monitored for the items above, except number 7. Data reports from the new system include timelines so that desk reviews can occur. Monthly checks of the child data system began in May of 2002 to review the accuracy of the data. Onsite visits by the Compliance staff were conducted to provide technical assistance to all Phase 1 SPOEs in August 2002. Compliance monitoring of the SPOEs will begin in November 2002.</p>
<p><b>CG.1.4*:</b> Are findings from complaint investigations, due process hearings and review decisions, and other data, used as an integral part of the state's monitoring system?</p> <p><b>Data Sources:</b></p> <ul style="list-style-type: none"> <li>• Due process and child complaint findings</li> <li>• Monitoring data</li> </ul>	<p><b>Data Summary:</b> See CG.1.2 for child complaint and due process data. Compliance issues identified in the child complaints were: failure to use appropriately qualified personnel to conduct initial evaluations, failure to continue early intervention services due to change in family's residence, failure to conduct a complete evaluation, failure to refer a child potentially eligible for Part C, and failure of IFSP team to consider parent's request for 24 hour nursing services. Due process hearings have resulted in no identification of systemic issues.</p> <p><b>Committee Conclusions:</b> This data is limited, however there were some compliance issues that matched the systemic issues identified by monitoring. Data system will provide information that can be used as part of the monitoring for child find (referral sources), timelines, other services provided, delivered services vs. planned services, and underserved populations (as related to languages spoken in the home).</p>
<p><b>CG.1.5*:</b> Are deficiencies identified thru the state's system for ensuring general supervision corrected in a timely manner?</p> <p><b>Data Sources:</b></p> <ul style="list-style-type: none"> <li>• Monitoring and follow-up data</li> </ul>	<p><b>Data Summary:</b> Several deficiencies in area offices were corrected however, there continued to be deficiencies that were not corrected within the timelines designated. The table below depicts the remedy of deficiencies through technical assistance and follow-up reviews. Some issues were remedied through redesign efforts.</p>

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CG.1.5*: Continued	Monitoring Summary			
	Monitoring/Self-Study	Follow/up	Change	Phase 1 Initial Monitoring
	1. Lack of adequate notices and consents for evaluations and early intervention services	Resolved in all areas	Development of standard forms; training of service coordinators	SPOE staff was trained on the model forms in January and February of 2002. The child data system has been spot checked on a monthly basis beginning in May. Data elements from the forms that are required fields in the data system are being entered into the system.
	2. Failure to meet the 45 day timeline for evaluation and IFSP development	Unresolved: Poplar Bluff, Rolla, St. Louis	Development of vendor-based private service coordination to enhance capacity	Data system is being monitored. Follow-up discussions with SPOEs have been occurring.
	3. Lack of written notification of IFSP meetings	Unresolved: Poplar Bluff, Joplin, Rolla, Springfield, St. Louis	Development of standard letter; training of service coordinators	SPOE staff was trained on the model forms in January and February of 2002. The child data system has been spot checked on a monthly basis beginning in May. Data elements from the forms that are required fields in the data system are being entered into the system.
	4. Lack of an IFSP document with all required components	Unresolved: Poplar Bluff, Joplin	Development of standard forms; training of service coordinators	SPOE staff was trained on the model forms in January and February of 2002. The child data system has been spot checked on a monthly basis beginning in May. Data elements from the forms that are required fields in the data system are being entered into the system.
	5. Lack of documentation of all early intervention services	Unresolved: Poplar Bluff Joplin	Development of standard forms; training of service coordinators	SPOE staff was trained on the model forms in January and February of 2002. The child data system has been spot checked on a monthly basis beginning in May. Data elements from the forms that are required fields in the data system are being entered into the system.
	6. Lack of documentation for required developmental assessments	Unresolved: Rolla	Development of standard forms; training of service coordinators	SPOE staff was trained on the model forms in January and February of 2002. The child data system has been spot checked on a monthly basis beginning in May. Data elements from the forms that are required fields in the data system are being entered into the system.

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The new data system will be used as much as possible to identify deficiencies in the state’s system. Redesign activities have instituted standard forms to correct documentation issues and a new system of required training has been developed. DESE is developing and instituting routine desk reviews of aggregated data and flagging specific problem areas for targeted technical assistance and on-site monitoring.													
CG.1.6*: Are enforcement actions used when necessary to address persistent deficiencies?  Data sources: <ul style="list-style-type: none"><li>Part C Monitoring Findings</li></ul>	Data Summary: Phase 1 shifted the responsibility for contracting with providers from other state agencies to DESE. In the past no sanctions or enforcement actions had been taken against the other state agencies.  Committee Conclusions: Progressive sanctions need to be developed for contracted early intervention providers and System Points of Entry. These sanctions include targeted technical assistance, recoupment/repayment of funds, and/or termination or non-renewal of contract. Contract language is very specific as to obligations for practice and billing. Medicaid and DESE have agreed to share information concerning debarred or excluded providers and surveillance information.												

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<p><b>CG.1.7*:</b> Are complaint investigations, mediations, and due process hearings and reviews conducted in a timely manner?</p> <p><b>Data Sources:</b></p> <ul style="list-style-type: none"><li>• Child Complaint log</li><li>• Due Process logs</li><li>• Mediation logs</li></ul>	<p><b>Data Summary:</b></p> <table><tr><td></td><td>1998</td><td>1999</td><td>2000</td><td>2001</td><td>2002</td></tr><tr><td>Due process hearings</td><td>1</td><td>0</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Due Process Timelines</td><td>64 days*</td><td>---</td><td>---</td><td>Withdrawn</td><td>Withdrawn</td></tr><tr><td>Child complaints</td><td>2</td><td>3</td><td>1</td><td>1</td><td>2</td></tr><tr><td>Child complaint Timelines</td><td>54 days 42 days</td><td>47 days 52 days 46 days</td><td>58 days</td><td></td><td>51 days 59 days</td></tr><tr><td>Mediations</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table> <p>* Parent requested an extension</p> <p><b>Committee Conclusions:</b> Child complaints and due process requests are resolved in a timely manner.</p>		1998	1999	2000	2001	2002	Due process hearings	1	0	0	1	1	Due Process Timelines	64 days*	---	---	Withdrawn	Withdrawn	Child complaints	2	3	1	1	2	Child complaint Timelines	54 days 42 days	47 days 52 days 46 days	58 days		51 days 59 days	Mediations	0	0	0	0	0
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**COMPONENT CG.2\*: Are appropriate and timely services ensured through interagency coordination and assignment of fiscal responsibility?**

<p><b>Overview Answer:</b> Interagency Agreements have been revised consistent with the redesigned First Steps system. The System Point of Entry (SPOE) data system is operational in the Phase 1 sites. Phase 2 will begin February 2003 and will cover the remainder of the state. In beginning a new system, there have been difficulties with the operation of the data system; delays at the SPOEs due to unfamiliarity with the system, late hiring of staff, delays with data entry and slow provider enrollment. DESE is aware of these issues with start-up and is making adjustments with Phase 2 to alleviate these problems. The SPOE data system is operating, SPOE training is being revised to take a more cohesive look at the flow of information from forms to the data system, a three-month time span will be in place to allow contractors to hire staff prior to the start-up date, and provider enrollment is occurring now.</p>
<p><b>Strengths:</b> The SPOE data system can be monitored from the state level. There are expanded opportunities for Medicaid revenues through targeted case management and administrative claiming. DESE is contracting with the CFO to minimize duplication, and improve the cost efficiency and effectiveness of the system.</p>
<p>Areas of Concern:</p>
<p><b>Other Comments:</b> All stakeholders are continuing to work together through the implementation phase.</p>

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<p><b>CG.2.1*:</b> Are child find, evaluation and provision of services, coordinated through interagency agreements and other mechanisms?</p> <p><b>Data Sources:</b></p> <ul style="list-style-type: none"><li>• Interagency Agreements:</li><li>• Department of Mental Health (DMH)</li><li>• Department of Health and Senior Services (DHSS)</li><li>• Department of Social Services, Division of Medical Services (DMS)</li></ul>	<p><b>Data Summary:</b> Interagency agreements address all required components. Interagency agreements are specific and identify procedures and expectations. Key factors in each interagency agreement are shown below.</p> <table><tr><th>Agency</th><th>Key Factors</th><th>Impact/Effectiveness</th></tr><tr><td rowspan="3">DMH</td><td>Child Find</td><td rowspan="3">Provides resource for ongoing service coordination Commits Purchase of Service Funds to Early Intervention (EI) system</td></tr><tr><td>Provision of Services</td></tr><tr><td>Payment</td></tr><tr><td rowspan="3">DHSS</td><td>Child Find</td><td rowspan="3">Provides resource for ongoing service coordination for children dually enrolled in Title V and First Steps Provides resource for Child Find; coordinates newborn hearing screen program</td></tr><tr><td>Provision of Services</td></tr><tr><td>Payment</td></tr><tr><td rowspan="6">DMS</td><td>Child Find</td><td rowspan="6">Increases capacity for private service coordination. Increases federal revenues for service coordination under the Targeted Case Management. Increases federal revenues for administrative duties. Streamlines provider enrollment for service coordination, PT, OT, and Speech/Language providers.</td></tr><tr><td>Provision of Services</td></tr><tr><td>Payment</td></tr><tr><td>Targeted Case Management</td></tr><tr><td>Administrative Claiming</td></tr><tr><td>Organized Health Delivery System (OT, PT, SP, SC)</td></tr></table> <p><b>Committee Conclusions:</b> Interagency agreements are in place with key state agencies that contribute resources and/or funding to the system.</p>	Agency	Key Factors	Impact/Effectiveness	DMH	Child Find	Provides resource for ongoing service coordination Commits Purchase of Service Funds to Early Intervention (EI) system	Provision of Services	Payment	DHSS	Child Find	Provides resource for ongoing service coordination for children dually enrolled in Title V and First Steps Provides resource for Child Find; coordinates newborn hearing screen program	Provision of Services	Payment	DMS	Child Find	Increases capacity for private service coordination. Increases federal revenues for service coordination under the Targeted Case Management. Increases federal revenues for administrative duties. Streamlines provider enrollment for service coordination, PT, OT, and Speech/Language providers.	Provision of Services	Payment	Targeted Case Management	Administrative Claiming	Organized Health Delivery System (OT, PT, SP, SC)
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<p><b>CG.2.2*:</b> Does the lead agency develop and implement coordinated service systems to minimize duplication and ensure effective services delivery?</p> <p><b>Data Sources:</b></p> <ul style="list-style-type: none"> <li>• Interagency Agreements</li> <li>• Solutions Report</li> <li>• Financial Data</li> </ul>	<p><b>Data Summary:</b> There is a combined enrollment form for families that provides easier access to a number of state programs. One System Point of Entry (SPOE) is designated for each regional area. The SPOE is responsible for acting upon all referrals to First Steps. Standardized forms have also been developed and are in use. Provider enrollment establishes contracts with the four key state agencies with one set of forms.</p> <p><b>Committee Conclusions:</b> Continue implementation of combined enrollment, contracting procedures and SPOEs.</p>

**COMPONENT CG.3\*: Do appropriately trained public and private providers, administrators, teachers and paraprofessionals provide services to infants and toddlers?**

**Overview Answer:** All types of providers including service coordinators are enrolling in the trainings and with the Central Finance Office (CFO).

**Strengths:** A Missouri Early Intervention (EI) credential is required for providers in the state. Training is available on a regional basis. CFO is enrolling providers in the system.

**Areas of Concern:** The \$700,000 cut to the DESE supplemental request for additional general revenue funds in Spring 2002 for First Steps caused the training system and other administrative functions to be suspended from April through June of 2002. Statewide Training was able to started up again in August 2002. Providers have been granted a grace period until Dec 2002 to obtain needed trainings. State budget cuts to the Departments of Health and Senior Services (DHSS) and Department of Mental Health (DMH) have resulted in staff reductions that have affected the First Steps Service Coordination in Phase 1 and 2 areas.

**Other Comments:** Two additional modules, "Teaming" and "Collaboration and Natural Environments," have been developed but not implemented due to budget cuts.

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<p><b>CG.3.1*:</b> Are there sufficient numbers of qualified teachers and related service providers (early intervention providers) to meet the identified needs of all children with disabilities?</p> <p><b>Data Sources:</b></p> <ul style="list-style-type: none"><li>SPOE database</li></ul> <p><b>Related CSPD:</b></p> <ul style="list-style-type: none"><li>First Steps Modules – Orientation, Assessment and Eligibility, IFSP in Natural Environments, Movin’ On: Transition, Service Coordination</li><li>First Steps Bulletins</li></ul>	<p><b>Data Summary:</b></p> <table><tr><th colspan="4">Phase 1 Early Intervention Services and Personnel</th></tr><tr><th></th><th>Number of Services Received</th><th>Number of Enrolled Providers</th><th>Average Caseload</th></tr><tr><td>Early Intervention Services Personnel</td><td></td><td></td><td></td></tr><tr><td>Total</td><td>10,032</td><td>1,222</td><td>8.21</td></tr><tr><td>ABA</td><td>55</td><td>44</td><td>1.25</td></tr><tr><td>Assistive Technology Providers</td><td>595</td><td>73</td><td>8.15</td></tr><tr><td>Audiologists</td><td>109</td><td>11</td><td>9.91</td></tr><tr><td>Interpreters (Bilingual and Sign)</td><td>20</td><td>12</td><td>1.67</td></tr><tr><td>Nurses</td><td>21</td><td>13</td><td>1.62</td></tr><tr><td>Nutritionists</td><td>274</td><td>7</td><td>39.14</td></tr><tr><td>Occupational Therapists</td><td>1,858</td><td>276</td><td>6.73</td></tr><tr><td>Orientation and Mobility Specialists</td><td>-</td><td>2</td><td>0.00</td></tr><tr><td>Paraprofessionals</td><td>-</td><td>4</td><td>0.00</td></tr><tr><td>Parent Advisors for Child with Sensory Impairment</td><td>10</td><td>4</td><td>2.50</td></tr><tr><td>Physical Therapists</td><td>1,869</td><td>218</td><td>8.57</td></tr><tr><td>Physicians and Pediatricians</td><td>1</td><td>2</td><td>0.50</td></tr><tr><td>Psychologists</td><td>-</td><td>6</td><td>0.00</td></tr><tr><td>Service Coordination</td><td>1,166</td><td>62</td><td>18.81</td></tr><tr><td>Social Workers</td><td>84</td><td>15</td><td>5.60</td></tr><tr><td>Special Instruction</td><td>1,330</td><td>143</td><td>9.30</td></tr><tr><td>Speech and Language Pathologists</td><td>2,640</td><td>330</td><td>8.00</td></tr></table> <p><b>Committee Conclusions:</b></p> <p>There appears to be sufficient personnel to provide early intervention services in Missouri. DESE will continue to review and analyze data for utilization rates, enrollment of providers and needs on a regional basis.</p>	Phase 1 Early Intervention Services and Personnel					Number of Services Received	Number of Enrolled Providers	Average Caseload	Early Intervention Services Personnel				Total	10,032	1,222	8.21	ABA	55	44	1.25	Assistive Technology Providers	595	73	8.15	Audiologists	109	11	9.91	Interpreters (Bilingual and Sign)	20	12	1.67	Nurses	21	13	1.62	Nutritionists	274	7	39.14	Occupational Therapists	1,858	276	6.73	Orientation and Mobility Specialists	-	2	0.00	Paraprofessionals	-	4	0.00	Parent Advisors for Child with Sensory Impairment	10	4	2.50	Physical Therapists	1,869	218	8.57	Physicians and Pediatricians	1	2	0.50	Psychologists	-	6	0.00	Service Coordination	1,166	62	18.81	Social Workers	84	15	5.60	Special Instruction	1,330	143	9.30	Speech and Language Pathologists	2,640	330	8.00
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